1	and wages per month which you received.	
_	my Last day was 08-29-06 I made 3,500	200
2	after gross 2,80000	
3	MATTER GLOSS ALOUGE	
4		
5	2. Have you received, within the past twelve (12) months, any money from any of the	e
6	following sources:	
7	a. Business, Profession or Yes NoX	
8	self employment?	
9	b. Income from stocks, bonds, Yes No X	
10	or royalties?	
11	c. Rent payments? Yes No	
12	d. Pensions, annuities, or Yes No	
13	life insurance payments?	
14	e. Federal or State welfare payments, Yes No \(\sqrt{} \)	
15	Social Security or other govern-	
16	ment source?	
17	If the answer is "yes" to any of the above, describe each source of money and state the am	ount
18	received from each.	
19	\sim	
20	MA_	
21	3. Are you married? Yes No	
22	Spouse's Full Name: Cemmon Denise Briggs	
23	Spouse's Place of Employment: Home maker	
24	Spouse's Monthly Salary, Wages or Income:	
25	Gross \$ Net \$ Net \$	_
26	4. a. List amount you contribute to your spouse's support:\$ 2800.00	
27	b. List the persons other than your spouse who are dependent upon you for su	pport
28	and indicate how much you contribute toward their support. (NOTE: For	
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26 27

Bock Kent, Medical Bills

Form-Intake 3 (Rev. 4/05)

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1	- <u></u>
2	10. Does the complaint which you are seeking to file raise claims that have been presented in
3	other lawsuits? Yes No
4	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
5	which they were filed.
6	
7	
8	I declare under the penalty of perjury that the foregoing is true and correct and understand that a
9	false statement herein may result in the dismissal of my claims.
10	
11	02-08-08 Lang Briggs
12	DATE SIGNATURE OF APPLICANT
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